| DATENT ADDITION FOR DETERMINATION DECO  |  |   |                                    |                               |                           |                                      |        |                   | Applicatio            | лгог D0<br><b>/</b> | ocket Num  | ber/                   |
|---|--|---|------------------------------------|-------------------------------|---------------------------|--------------------------------------|--------|-------------------|-----------------------|---------------------|--|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECOR  |  |   |                                    |                               |                           |                                      |        |                   | 10/                   | 038                 | 826°   | 4                      |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                    |                               |                           |                                      |        | SMALL I           | ENTITY                | OR                  | OTHER<br>SMALL                                   |                        |
| то  | TAL CLAIMS                                     |   |                                    |                               |                           |                                      | ı      | RATE              | FEE                   | 7 1                 | RATE   | FEE                    |
| FO  | R  |   | NUMBER FILED                       |                               | NUMBI                     | ER EXTRA                             |        | BASIC FE          | E 355.0               | OR                  | BASIC FEE  | 7 0.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | @_minus 20=                        |                               | *                         |                                      |        | X\$ 9=            |                       | OR                  | X\$18=   |                        |
| IND   | EPENDENT CL                                    | AIMS                                      | 5 minus 3 =                        |                               | *                         |                                      | ĺ      | X40=              | + /                   | -                   | X80=   | /                      |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PF                             |                                    |                               | <u> </u>                  |                                      |        | +135=             | +-                    | OR                  |  | /                      |
| # 16 Ab - difference in column 4 is less than some order 607 in column 6              |  |   |                                    |                               |                           |                                      |        |                   | 14                    | OR                  | +270=  |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                                    |                               |                           |                                      |        |                   |                       | OR                  | TOTAL  |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |  |   |                                    |                               |                           |                                      |        | SMALI             | L ENTITY              | OR                  | OTHER<br>SMALL                                   |                        |
| AMENDMENT &   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT |                                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY              | PRESENT<br>EXTRA                     |        | RATE              | ADDI-<br>TIONA<br>FEE |                     | RATE   | ADDI-<br>TIDNAL<br>FEE |
|   | Total  | . 4                                       | Minus                              | **2                           | $\mathcal{L}$             | = '                                  |        | X\$ 9=            |                       | OR                  | X\$18=   |                        |
|   | Independent                                    | . 4                                       | Minus                              | ***                           | 10                        | =                                    |        | X4 <b>%</b> ≠     |                       | OR                  | X8 <b>4</b> =                                    |                        |
| ⋖   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                               |                           |                                      | ]      |                   | ++                    |                     | <del>                                     </del> | /                      |
|   |  |   |                                    |                               |                           |                                      |        | +135=             |                       | OR                  | +270=<br>TOTAL                                   | 1                      |
|   |  |   |                                    |                               |                           |                                      |        | ADDIT. FE         |                       | OR                  | ADDIT. FEE                                       |                        |
|   |  | (Column 1)<br>CLAIMS                      |                                    |                               | mn 2)<br>HEST             | (Column 3)<br>I                      | 1 r    |                   | ADDI                  | _                   |  | ADDI                   |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           | 1                                  | PREVI                         | IBER<br>OUSLY<br>FOR      | PRESENT<br>EXTRA                     |        | RATE              | ADDI-<br>TIONA<br>FEE |                     | RATE   | ADDI-<br>TIONAL<br>FEE |
|   | Total  | .*  | Minus                              | **                            |                           | =                                    |        | X\$ 9=            |                       | OR                  | X\$18=   |                        |
|   | Independent                                    | *   | Minus                              | ***                           |                           | =                                    |        | X40=              |                       | OR                  | X80=   |                        |
|   | FIRST PRESE                                    | NTATION OF M                              | JLTIPLE DEF                        | PENDEN                        | T CLAIM                   |                                      | J      | 405               |                       | 7                   | +270=  |                        |
|   |  |   |                                    |                               |                           | •                                    | Į      | +135=             |                       | OR                  | TOTAL  |                        |
|   |  |   |                                    |                               |                           |                                      |        |                   | E                     | OR                  | ADDIT. FEE                                       |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST LARRY                                 |  |   |                                    |                               |                           |                                      |        |                   |                       |                     |  |                        |
| AMENDMENT C   | er er wi                                       | REMAINING<br>AFTER<br>AMENDMENT           |                                    | NUM<br>PREVI                  | MBER<br>OUSLY<br>FOR      | PRESENT<br>EXTRA                     |        | RATE              | ADDI-<br>TIONA<br>FEE |                     | RATE   | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                              | **                            |                           | =                                    |        | X\$ 9=            |                       | OR                  | X\$18=   |                        |
|   | Independent                                    | *   | Minus                              | ***                           |                           | <u> </u>                             | ]      | X40=              |                       | OR                  | X80=   |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                               |                           |                                      | ┧╽     |                   | +                     |                     |  |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                    |                               |                           |                                      |        |                   |                       |                     |  |                        |
| **  | If the "Highest Nu<br>If the "Highest Nu       | mber Previously P<br>mber Previously P    | aid For" IN THI<br>aid For" IN THI | S SPACE<br>IS SPACE           | is less that is less that | in 20, enter "20<br>an 3, enter "3." |        | TOTA<br>ADDIT. FE | E                     | OR                  | TOTAL<br>ADDIT. FEE                              |                        |
|   | The "Highest Nun                               | nber Previously Pa                        | id For" (Total o                   | r Independ                    | dent) is the              | e highest numb                       | er fou | and in the        | appropriate           | box in co           | olumn 1.   |                        |